FACILITY

LOCATION

# **DISCHARGE MONITORING REPORT (DMR)**

	DIGGLIANGE MONTONING IN									
NAME	(2-16)									
ADDRESS										
	PERMIT NUMBER DISCH	IAI								

(17-19)001A RGE NUMBER

MONITORING PERIOD

YEAR

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DAY

Form Approved. OMB No. 2040-0004 Minor Approval expires 10-31-94

F - Final

\*\*\* NO DISCHARGE

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ATTENTION			FROM			TO									
			_	(20-21) (22-23)				(26-27)	(28-29)	(30-31)	NOTE	NOTE: Read instructions before completing this			ing this form.
PARAMETER		(3 Card Only)	QUANTITY OR LOADING		DING	(4 Card Only)		QUALITY OR CONCENTRATION			N	NO.	OF	SAMPLE	
(32-37)		(46-53)	(54-61)		(38-45)		(46-53) (54-61)			EX	ANALYSIS	TYPE			
		AVERAGE	MAXIMUM UNITS		MINI	MUM	AVERAGE		MA	XIMUM	UNITS	(62-63)	(64-68)	(69-70)	
	SAMPLE	*****	**	****	*****	***	***			*	****				
	MEASUREMENT	*****	**	*****		***	***			*	****	1			
	PERMIT	*****	**	****	*****	***	***	30-	DAY AVG	*	****				
	REQUIREMENT	*****	**	*****		***	***			*	****				
	SAMPLE	*****	**	****	*****	***	***			,	*****				
	MEASUREMENT	*****	**	****	*****	***	***			:	*****				
	PERMIT	*****	**	****	*****	***	***	30-	DAY AVG	,	*****				
	REQUIREMENT	*****	**	****	*****	***	***			:	*****				
	SAMPLE	*****	**	****	*****	***	***		•	;	*****	•			

DAY

YEAR

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	REQUIREM	ENT	*****	*****	*****	*****		*****					
	SAMPLE MEASUREMENT		*****	***** *****	*****	*****		*****					
	PERMIT REQUIREM		*****	*****	***** *****	*****	30-DAY AVG	***** *****					
	SAMPLE MEASUREMENT		***** *****	***** *****	*****	***** *****		***** *****					
	PERMIT REQUIREMENT		***** *****	***** *****	*****	*****	30-DAY AVG	***** *****					
	SAMPLE MEASUREMENT		*****	***** *****	*****	***** *****		***** *****					
	PERMIT REQUIREMENT		*****	***** *****	***** *****	*****	30-DAY AVG	***** *****					
OFFICER		Y UNDER PENALTY OF L						TEL	EPHONE		DATE		
AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319.						OBTAINING RUE, ACCU- PENALTIES TY OF FINE							
TYPED OR PRINTED		s under these statutes ment of between 6 months		\$10,000 and o	0.0.	NATURE OF PRINCIPA FFICER OR AUTHORIZ		AREA CODE	NUMBER	YEAR	МО	DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

# PERMITTEE NAME/ADDRESS (Include

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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30-DAY AVG

30-DAY AVG

30-DAY AVG

SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

Facility Name/Location if differen			D	ISCHA	RGF M	ONITO	RIN	IG RFF	PORT	(DMR)					
NAME		DISCHARGE MONITORING REPORT (DMR)						Form Approved.							
ADDRESS		COG- PER	MIT NUMB	ER	F	DISCHARGE NUMBER					OMB No. 2040-0004 Approval expires 10-31-94				
FACILITY	<b>-</b>		MONITORING		PERIOD		<u>-</u>	F-F	Final						
LOCATION ATTENTION				YEAR	MO	DAY (24-25)	то	YEAR	MO	DAY	***		SCHARGE *** ructions before completing this for		
PARAMETER (32-37)	(				(20-21) (22-23)  UANTITY OR LOADING (54-61)			(26-27) <b>Q</b>	(28-29)  UALITY ( (46-53)	(30-31) OR CONCE	ENTRATION (54-61)		NO.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAX	KIMUM	UNITS	MINII	MUM	А	AVERAGE N		IAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
	SAMPLE MEASUREMENT	***** *****		***** *****		****					*****				
PERMIT REQUIREMENT		***** *****		**** **** ****		*****		30-DAY AVG		•	*****				
	SAMPLE MEASUREMENT	***** *****		**** ****			*** ***				*****				
	PERMIT REQUIREMENT	***** *****		**** ****	*****	***		30-	DAY AVG		*****				
	SAMPLE	*****	**	****	*****	***	***				*****				

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SAMPLE \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* **MEASUREMENT** \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* **PERMIT** \*\*\*\*\* 30-DAY AVG \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* REQUIREMENT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* SAMPLE \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* **MEASUREMENT** \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* **44444 PERMIT** 30-DAY AVG \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* REQUIREMENT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* NAME/TITLE PRINCIPAL EXECUTIVE OFFICER **TELEPHONE** DATE I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCU-RATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**MEASUREMENT** 

**PERMIT** 

REQUIREMENT

SAMPLE

MEASUREMENT

**PERMIT** 

REQUIREMENT

SAMPLE

**MEASUREMENT** 

PERMIT

REQUIREMENT

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AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319.

imprisonment of between 6 months and 5 years.)

(Penalties under these statutes may include fines up to \$10,000 and or maximum

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AREA

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TYPED OR PRINTED

### **Paperwork Reduction Act Notice**

Public reporting burden for this collection of information is estimated to vary from a range of 10 hours as an average per response for some minor facilities, to 110 hours as a average per response for some major facilities, with a weighted average for major and minor facilities of 18 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW, Washington, DC 20460; and to the Office of information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

#### **General Instructions**

- 1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
- 2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge).
- 3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated.
- 4. Enter each "Parameter" as specified in the monitoring requirements of permit.
- 5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified in permit. "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameters obtained during "Monitoring Period"; "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period." (Note to municipals with secondary treatment requirement: Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum.")
- 6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
- 7. Under "No Ex" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum 7-day average as appropriate) permit requirement for each parameter. If none, enter "0."
- 8. Enter "Frequency of Analysis" both as "Sample Measurement" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont," for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
- 9. Enter "Sample Type" both as a "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement," (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)
- 10. Where violations of permit requirements are reported, attached a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
- 11. If "no discharge" occurs during monitoring period, enter "No Discharge" across form in place of data entry.
- 12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer or Authorized Agent," "Telephone Number," and "Date" at bottom of form.
- 13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
- 14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

## **Legal Notice**

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment not to exceed more than one year, or by both.

EPA Form 3320-1 (Rev. 9-88)